EXHIBIT

6

G.E.

NEW YORK STATE
DEPARTMENT OF HEALTH
CERTIFICATE
OF DEATH

STATE FILE NUMBER

REGISTRAR DISTRICT: 4423
REGISTER NUMBER: 48

1. NAME: [redacted]
2. SEX: MALE [X] FEMALE [ ]
3A. DATE OF DEATH: MONTH 06 DAY 30 YEAR 95
3B. HOUR: 2040
4A. PLACE OF DEATH: [ ] [ ] [ ] [X] [ ] [ ]
4B. IF FACILITY DATE ADMITTED: MONTH 06 DAY 05 YEAR 95
4C. NAME OF FACILITY: El Noble Hospital
4D. LOCALITY: [ ] [X] [ ] Gouverneur
4E. COUNTY OF DEATH: St. Lawrence
4F. MEDICAL RECORD NO.: 0080856
4G. WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION: [X] [ ]
5. DATE OF BIRTH: MONTH 12 DAY 31 YEAR 23
6. AGE: 71
7. IF UNDER 1 YEAR: MONTH DAY
8. IF UNDER 1 DAY: MONTH DAY
9. CITY AND STATE OF BIRTH: Gouverneur N.Y.
10. IF AGE UNDER 1 YEAR: NAME OF HOSPITAL OF BIRTH
11. SERVED IN U.S. ARMED FORCES: [ ] [X] 1942-52
12. RACE: White
13. HISPANIC ORIGIN: [X] [ ]
14. DECEDENT'S EDUCATION: 12
15. MARITAL STATUS: [ ] [X] [ ] [ ]
16. SURVIVING SPOUSE: Maria J Fortune
17. USUAL OCCUPATION: Supervisor
18. KIND OF BUSINESS OR INDUSTRY: Talc Mining
19. NAME AND LOCALITY OF COMPANY OR FIRM: Gouverneur Talc Co. Gouverneur
20. RESIDENCE, STATE: NY
21. COUNTY: St. Lawrence
22. LOCALITY: [ ] [X] [ ] Gouverneur
23. STREET AND NUMBER OF RESIDENCE: [redacted]
24. ZIP CODE: [redacted]
25. NAME OF FATHER: [redacted]
26. MAIDEN NAME OF MOTHER: [redacted]
27. NAME OF INFORMANT: [redacted]
28. MAILING ADDRESS: [redacted]
29A. TYPE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: Cremation MONTH JUN DAY 12 YEAR 1995
29B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: Frederick Brothers Cemetery, Theresa N.Y.
29C. LOCATION: [redacted]
29D. NAME AND ADDRESS OF FUNERAL HOME: Green Funeral Home, Inc. 33 Park St., Gouverneur, N.Y.
29E. REGISTRATION NUMBER: 00001
29F. NAME OF FUNERAL DIRECTOR: Martha Green Storrin
29G. SIGNATURE OF FUNERAL DIRECTOR: Martha Green Storrin
29H. REGISTRATION NUMBER: 04999
29I. SIGNATURE OF REGISTRAR: Sheryl E. Simmons
29J. DATE FILED: MONTH Jun DAY 12 YEAR 95
29K. BURIAL OR REMOVAL PERMIT ISSUED BY: Sheryl E. Simmons
29L. DATE ISSUED: MONTH Jun DAY 12 YEAR 9

ITEMS 25 - 33 COMPLETED BY CERTIFYING PHYSICIAN — OR — ITEMS 25 - 33 COMPLETED BY CORONER OR MEDICAL EXAMINER

29A. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSES STATED.
SIGNATURE: [illegible]
MONTH 6 DAY 10 YEAR 95
29B. THE PHYSICIAN ATTENDED THE DECEASED: FROM MONTH 6 DAY 10 YEAR 95 TO MONTH 6 DAY 10 YEAR 95
29C. LAST SEEN ALIVE: MONTH 6 DAY 10 YEAR 95
29D. NAME OF ATTENDING PHYSICIAN: Vitas [illegible] M.D
29E. ATTENDING PHYSICIAN LICENSE NUMBER: [illegible]
29F. NAME AND ADDRESS OF DEATH: 77 W. [illegible] Gouverneur NY 13642
29G. MANNER OF DEATH: NATURAL CAUSE [illegible]
29H. ACCIDENT: [ ] [ ] [ ]
29I. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? [ ] NO [ ] YES
29J. AUTOPSY? NO [ ] YES [ ]
29K. IF YES, WERE PHYSICIAN USED TO DETERMINE CAUSE OF DEATH? [ ] NO [ ] YES

CONFIDENTIAL — SEE INSTRUCTION SHEET FOR COMPLETING CAUSE OF DEATH — CONFIDENTIAL

30. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).)
PART I. IMMEDIATE CAUSE: Cardio-Pulmonary Arrest
DUE TO OR AS A CONSEQUENCE OF: Metastatic Terminal Cancer
DUE TO OR AS A CONSEQUENCE OF: Mesothelioma (R) Lung.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)
31A. IF INJURY, DATE: MONTH DAY YEAR
31B. LOCALITY: (City or town and county and state)
31C. DESCRIBE HOW INJURY OCCURRED:

GOUVERNE[redacted]NC.
GOUVERNEUR, NEW YORK

RECORD OF JOBS HELD

NAME [redacted]

Date of Hire 3/19/54* 3/29/54** 4/15/54**

DATE From	DATE To	JOB CLASSIFICATION	DEPT.	
3/19/54	3/23/54	Laborer	Mill	Job completed
3/29/54	3/31/54	Laborer	Mill	" "
4/15/54	5/9/54	Laborer	Mill	
5/10/54	7/25/54	2nd Miller	Mill	
7/26/54	9/19/65	Quality Control	Mill	
9/20/65	6/30/87	Supervisor, Property Control-Mill		

7/1/87 Normal early retirement under Pension Plan DA-325 (33 yrs. 3 months service)